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ABSTRACT

In October 1976, under a grant from NIMH to the Human Sexuality Program, Department of Psychiatry, University of California, San Francisco, the Sex and Disability Training Project began training physically disabled and nondisabled persons as sociosexual educator-counselors for persons with disabilities, their intimates and families, and health care providers. The year-long training (1,000 hours/20 hours per week) included didactic and supervised field placement experience. Evaluational data, including those obtained from field placement supervisors, indicated that the 28 professionals and paraprofessionals completing the training over the three years of the project were effectively utilized to deliver a variety of services in both habilitation and rehabilitation settings. (Author)

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TRAINING PEER EDUCATOR-COUNSELORS IN SEXUALITY AND DISABILITY

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ABSTRACT

In October 1976, under a grant from NIMH to the Human Sexuality Program, Department of Psychiatry, University of California, San Francisco, the Sex and Disability Training Project began training physically disabled and nondisabled persons as sociosexual educator-counselors for persons with disabilities, their intimates and families, and health care providers. The year-long training (1,000 hours/20 hours per week) included didactic and supervised field placement experience. Evaluational data, including those obtained from field placement supervisors, indicated that the 28 professionals and paraprofessionals completing the training over the three years of the project were effectively utilized to deliver a variety of services in both habilitation and rehabilitation settings.

Presented at the annual convention of the American Psychological Association, New York City, New York, September 2, 1979.

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A new three year grant, Short-term Intensive Training in Sexuality and Disability, was funded by NIMH to the Human Sexuality Program and began on July 1, 1979. Requests for information about this training should be directed to Ms. Mary M. Rodocker, R.N., M.S., Sex and Disability Unit, 814 Mission Street, Second Floor, San Francisco, California 94103.

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Review of Literature

The past decade has seen increased professional recognition of and appreciation for the role of sexuality in the lives of physically disabled men and women (Daniels, 1978; Teal & Athelstan, 1975). Relatively unacknowledged in the past, the inclusion of sexual health care is now seen by many as integral to the development of comprehensive community and institutional services for the disabled (Cole, 1975; Diamond, 1974; Geiger & Knight, 1975; World Health Organization, 1975). Increasing interest in sexuality and disability is indicated by the expanding numbers of books and articles (Panieczko et al., 1978), the publication of a new professional journal (Sha 'ked, 1978), educational and commercial films (Rodocker et al., 1977; "Coming Home," 1978), and national and international conferences devoted to this topic (Bullard et al., 1979; Chigier, 1977). All of the foregoing assert and promote the right of disabled persons to be considered by themselves and by others as sexual and social beings.

These are certainly positive developments, but much remains to be done in order to translate these attitudes and ideas from professional discourse into actual implementation. Trieschmann (1978), in her comprehensive report on the status of research into the psychological, social and vocational aspects of spinal cord injury, cautioned that the research assessing the behavioral outcome of sexual health services for the disabled and rehabilitation staff has not yet been done. In other words, we need to conduct research aimed at determining who should be trained (and in what manner) to offer what kinds of services to what kinds of clients wishing specific changes in their lives.

Our efforts must not stop with the simple recognition that persons with disabilities are sexual. Destructive iatrogenic effects ("The President's Commission," 1978; LoPiccolo & Heiman, 1977) can occur whenever staff or other authorities set inappropriately high or low expectations of sexual functioning or impart and impose their own particular values concerning sexual attitudes and behaviors. In what may be a useful analogy, LoPiccolo and Heiman (1977) questioned "how many women patients developed feelings of sexual inferiority as a result of a therapeutic (or cultural) view of women as second-rate substitutes for men." One might also conclude that attempting to match an image of "superwoman" in contemporary American society could also be problematical. Similarly, ignorance of the processes whereby cultural values dictate that only physically "normal" persons have the right to sexual relations will perpetuate the definition of disabled persons as asexual beings. The project described below had as a main objective the training and subsequent increase in visibility of disabled persons who were comfortable with their own sexuality and competent to discuss sexual issues with professionals and their clients.

Sex and Disability Training Project

In October 1976, with a grant from Experimental and Special Training, Division of Manpower and Training Programs, NIMH, to the Human Sexuality Program, the staff of the Sex and Disability Unit began providing training to disabled and nondisabled professionals and paraprofessionals to fulfill the role of sociosexual educator-counselors for physically disabled persons, health care providers and rehabilitation

and habilitation agencies (Bullard & Wallace, 1978). The year-long training (1,000 hours/20 hours per week) included didactic lectures on the sexual aspects of specific medical conditions and physical disabilities, role-playing of counseling situations with videotape feedback, practicum experience in counseling and education relating to sexuality and disability, and small group sessions in which comfort with discussion of sexually explicit material was encouraged as one aspect of personal growth. It should also be noted that a significant number of the consultants presenting didactic information were professionals and paraprofessionals who were physically disabled. The practicum (field placement) experience was obtained at a wide variety of settings including residential long-term care facilities, non-residential independent living programs, college-based disabled students' programs, acute- and extended-care hospitals, outpatient rehabilitation centers, vocational rehabilitation facilities, ambulatory care units, and family planning agencies. At these agencies, trainees were supervised in the provision of direct educational and counseling services to clients, inservice training of staff, and program development.

Results

The 13 females and 9 males who were physically disabled comprised 71% of the total of 31 persons who began the training; the nondisabled trainees included 8 females and 1 male. Disabling conditions represented included cerebral palsy, multiple sclerosis, post-polio, and spinal cord injury. Fourteen of the trainees used wheelchairs. In respect to previous training in counseling, 16 (52%) of the trainees had no experience prior to this project, 13 (42%) had some experience (up to two years), and 2 (6%) had more than two years of experience. Of the disabled trainees, 9 (41%) had had at least some prior counseling experience in contrast to 6 (67%) of the nondisabled trainees.

A total of 28 of the original 31 trainees (90%) successfully completed the year-long program. Analyses of the evaluation data obtained (pre-, post-training assessments of skills and knowledge and ratings of trainee effectiveness in field placement sites - see Table 1) indicated that trainees met or exceeded project objectives. Staff ratings of trainees revealed significant pre- to post-training increases in levels of empathy, respect and genuineness for females and of empathy and genuineness for males. In examining post-training ratings of empathy, respect and genuineness, significance tests of mean differences on dimensions of sex and of disabled/nondisabled yielded no significant effects. The agreement between three staff raters on measures of education and counseling effectiveness of trainees was $R = .789$, indicating a high level of agreement.

Trainees of the project conducted over 380 workshops or lectures during the three years of the grant. In addition to clients served at field placement agencies, an additional 80 clients were seen for counseling at the Sex and Disability Clinic. In this instance, staff members acted as co-counselors with trainees. Several trainee research projects generated important needs assessment data in the areas of sexuality and arthritis, cancer, and ostomy, and in determining the role of physical therapists in responding to the sexual concerns of patients. A validation of this performance was demonstrated by the fact that over 80% of the project graduates were employed or attending undergraduate or graduate programs after the training. Thus, the utility and effectiveness of using peer educator-counselors has been demonstrated for the delivery of a variety of services related to sexuality and disability in both habilitation and rehabilitation settings.

TABLE 1

Trainee Ratings by Field Placement Supervisors

Item		Males N=8 Mean	Males N=8 S.D.	Females N=14 Mean	Females N=14 S.D.
6	initiative and independence	1.37	0.74	1.53	0.72
7	professional responsibility	1.63	1.06	1.65	0.86
8	positive change in clients	2.00	1.07	1.87	0.99
9	positive change in staff	2.29	0.95	2.41	1.18
10	comfort in discussing sexuality with clients	1.25	0.46	1.24	0.56
11	comfort in discussing sexuality with staff	1.43	0.79	1.13	0.34
12	comfort with own sexuality	1.63	0.74	1.75	1.06
13	knowledge of disability issues	1.38	0.52	1.41	0.80
14	knowledge of sexuality	1.38	0.74	1.29	0.47
15	knowledge of counseling	2.13	0.99	2.00	1.18
17	counseling/education with clients	1.50	1.07	1.56	0.73
19	level of experience as a counselor	2.13	0.99	2.56	1.27
28	benefit to agency from trainees' activities	1.38	0.74	1.71	0.99
30	satisfaction with trainees' activities	1.38	0.74	1.38	0.62
Carkhuff Scale 1	empathy	3.88	0.95	3.82	0.78
Carkhuff Scale 2	respect	3.94	0.82	4.39	0.84
Carkhuff Scale 3	genuineness	4.00	1.07	4.32	0.46

Note: Scoring for items 6-30 are 1 = most positive, 6 = most negative.
Scoring for Carkhuff Scales 1-3 are 5 = most positive, 1 = most negative.
None of the above mean differences for males and females reach statistical significance.

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